



DEPARTMENT OF OPERATIONAL SERVICES

PERMITS AND INSPECTIONS DIVISION

CITY OF SHREVEPORT

505 TRAVIS STREET, SUITE 130

PHONE: (318) 673-6115 / FAX: (318) 673-6124

Website: [www.shreveportla.gov](http://www.shreveportla.gov)

**CADDO PARISH ELECTRICAL PERMIT APPLICATION**

ELECTRICAL PERMIT NO: \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING PERMIT NO: \_\_\_\_\_

**PAYMENT TYPE:**      **CASH**                      **CHECK**                      **TRUST ACCOUNT**                      **CREDIT CARD**

NAME ON CREDIT CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_

JOB LOCATION (Address): \_\_\_\_\_

BUILDER / BUSINESS NAME: \_\_\_\_\_

**DESCRIPTION FOR ELECTRICAL:**

Service Change or Repair.....\$95.00      \_\_\_\_\_      Registration.....\$30.00      \_\_\_\_\_

Saw Service ( for construction sites).....\$95.00      \_\_\_\_\_      Inspections (each).....\$65.00      \_\_\_\_\_

Swimming Pool.....\$95.00      \_\_\_\_\_      Re-Inspection (each).....\$65.00      \_\_\_\_\_

Temp Power.....\$95.00      \_\_\_\_\_

Other \_\_\_\_\_

Clean up                      Addition                      Remodel                      Residential                      Commercial

TOTAL ELECTRIC PERMIT FEES      \_\_\_\_\_

TOTAL COST OF JOB OVER \$10,000.00      \_\_\_\_\_

**CERTIFICATION**

I, the (owner, contractor, authorized agent) hereby agree to comply with the City of Shreveport Codes and Ordinances applicable to all work described hereon and to all plans and specification attached hereto. I also agree to and certify that the cost information is true and correct. It is further agreed that any code requirement missed during the initial plan review will be immediately complied with upon notice.

APPLICANT: \_\_\_\_\_

Print or Type

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NO REFUNDS AFTER 60 DAYS**